DOCUMENT RESUME

ED 315 567 CE 054 028

TITLE Independent Living Services. Validation Manual for Exemplary Programs and Practices. Regional Rehabilitation Exchange.
INSTITUTION Southwest Educational Development Lab., Austin, Tex.
SPONS AGENCY National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.
PUB DATE 89
GRANT H133D80006
NOTE 46p.; For related documents, see CE 054 026-030.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Access to Education; Adult Vocational Education; *Deinstitutionalization (of Disabled); Demonstration Programs; *Disabilities; Employment Counselors; *Independent Living; Mobility; *Performance Factors; *Rehabilitation Centers; Success; *Validated Programs; Vocational Rehabilitation
IDENTIFIERS Arkansas; Louisiana; New Mexico; Oklahoma; Texas

ABSTRACT

This manual was prepared by the Regional Rehabilitation Exchange (RRX) project to assist rehabilitation and independent living organizations and programs in submitting information to gain recognition as an exemplary program model for independent living services. The manual is intended for programs and organizations in Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. RRX independent living services include a broad range of services designed to improve the quality of life for persons with severe disabilities by way of organizations and programs that are controlled by the consumers of the services themselves. Such services may include housing, transportation or mobility services, living skills, counseling, community integration, and/or employment-related services. The manual provides information about the background and purposes of the RRX, identifies the scope of the RRX project, lists the prerequisites and criteria for validation, describes the RRX validation process, identifies 10 critical factors (program goals and objectives, target population, documentation and good recordkeeping, success rate, cost effectiveness, comprehensiveness, evaluation criteria, staffing patterns, transportability, and innovativeness) used in determining exemplary programs, provides information on completing the Information Request Form, and identifies implications for validated programs. A completed sample Information Request Form for independent living services is included. (CML)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED315567

REGIONAL REHABILITATION EXCHANGE

VALIDATION MANUAL FOR EXEMPLARY PROGRAMS AND PRACTICES

INDEPENDENT LIVING SERVICES

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
✓ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

SOUTHWEST EDUCATIONAL DEVELOPMENT LABORATORY
211 East Seventh Street, Austin, Texas 78701-3281
(512) 476 - 6861 (Voice/TDD)
FAX (512) 476 - 2286

ED 541028

The contents of this publication were developed under a grant from the National Institute on Disability and Rehabilitation Research, Department of Education Cooperative Agreement #H133D80006. However, these contents do not necessarily represent the policy of that agency, and you should not assume endorsement by the federal government. All programs administered by and all services provided by the Regional Rehabilitation Exchange of the Southwest Educational Development Laboratory are rendered on a non-discriminatory basis without regard to handicap, race, creed, color, sex, age, or national origin in compliance with appropriate state and federal laws and regulations.

BEST COPY AVAILABLE

HOW TO USE THIS MANUAL

Purpose

The Regional Rehabilitation Exchange Project (RRX) has developed this manual for rehabilitation and independent living organizations and programs interested in gaining recognition as an exemplary program model in one of the RRX's designated service categories. These categories, identified by a project advisory council composed of rehabilitation and independent living policy makers, practitioners, and consumers, currently include:

- Job Placement Services,
- Transitional Services,
- Supported Employment Services, and
- Independent Living Services.

Definitions for each of these service categories are provided following this section of the manual.

Examples of organizations and programs eligible for exemplary status include:

- public or private community-based rehabilitation service providers
- independent living centers, independent living service providers, independent living programs
- school-based transitional programs
- vocational training programs

Exemplary status can greatly benefit both your program and other rehabilitation or independent living service providers. For your program, exemplary status can mean broader public awareness of your services, evidence of program effectiveness for continued or increased funding support, and links to other programs like yours. For other programs, it means greater access to models and information about "what works" in the field. The long-term result is expanded and improved services for persons with disabilities.

To be identified as an exemplary program model by the RRX, you must go through a validation process. This manual is designed to help you through the first, most critical, step in the process: completion of an RRX Information Request Form.

Manual Contents

This manual offers information about the:

- background and purposes of the RRX,
- service categories identified as priorities for validation of exemplary program models,
- validation process,
- prerequisites and criteria for validation,
- procedures for completing the Information Request Form, and
- implications for validated programs.

The manual includes a copy of a sample, completed Information Request Form (IRF) that you may use as a guide as you complete your own IRF.

Steps in Completing the IRF

1. **Read through this entire manual** before you begin to complete the IRF, to become familiar with the validation process, the terms used, and the information required.
2. **Look closely at the definitions of service categories** that follow this introductory section. Be sure that your program or activity fits the category you have in mind. You are free to apply for exemplary status in any appropriate category, even if it is different from the category for which you were originally nominated.

   Notice that some service categories - for example, independent living and supported employment - require you to select and complete one or more information subcategories.
3. **Review the Information Request Form** and make a quick list of the kinds of information you will need to properly complete the form. Think about the possible sources you can tap for this information, for example:
   - files, records, and documentation systems,
   - budgets,
   - annual or other reports to funding sources,
   - grant applications, or
   - program staff.
4. **Go through the IRF again,** matching questions with information sources and identifying questions for which ready answers seem not to exist.
5. **Make a plan for obtaining or compiling any missing information** that is needed. For example, many programs do not track program service delivery costs as they apply to a specific client population. You may need to:
   - identify the relevant program costs (be sure to include costs for staff and overhead),
   - identify the number of clients served within a specific category of disability, and
   - calculate per-client costs to provide services within that category.
6. **Call the RRX if you don't understand** how to respond to a question, and/or if you need advice about how to collect missing information. One service the RRX can provide is to assist you in developing documentation systems and procedures that will help you to complete the validation process.
7. **Begin answering the questions contained in the IRF,** even though you may not have all the necessary information at hand. Once you begin, you may discover that you know more than you first thought. Again, if you have questions or problems, feel free to call the RRX.

For More Information

If you have questions or need more information about pursuing the program validation process or gaining recognition as an exemplary program, contact:

Regional Rehabilitation Exchange
Southwest Education Development Laboratory
211 East Seventh Street
Austin, Texas 78701-3281
(512) 476-6861 (Voice/TDD)

BACKGROUND AND PURPOSES OF THE RRX PROJECT

The Regional Rehabilitation Exchange (RRX) Project was initiated in March 1983, when it first received funding from the National Institute on Disability and Rehabilitation Research (NIDRR), at that time called the National Institute of Handicapped Research (NIHR). The RRX surveys the rehabilitation and independent living community for programs and practices that demonstrate and can document especially effective service delivery to persons with disabilities and can serve as models for other agencies and organizations. Using a detailed, uniform evaluation procedure that includes peer review, the RRX validates rehabilitation and independent living programs that are especially effective and recognizes them formally as exemplars. These exemplary program models generally demonstrate a high success rate, surpass established performance standards, show significant and stable results, are cost-effective, and include adaptable or transportable components.

One of NIDRR's goals is to promote the widespread use of proven, effective programs and practices among rehabilitation and independent living professionals. To address this goal, the RRX publishes and disseminates an annual *Catalog of Exemplary Programs and Practices* that contains individual summaries describing each program receiving exemplary designation. The *Catalog* is provided to a wide audience of rehabilitation and independent living administrators, practitioners, and consumers interested in learning about the exemplary program models. In some instances, the RRX can broker and provide in-depth technical assistance to agencies or organizations interested in adopting or adapting an exemplary program model.

By identifying exemplary program models, informing the rehabilitation and independent living community about their operations and outcomes, and supporting organizations interested in implementing exemplary program model components, the RRX hopes ultimately to contribute to the continued improvement in services provided to persons with disabilities.

SCOPE OF THE RRX PROJECT

The RRX generally concentrates on identifying exemplary program models from the five states in Rehabilitation Services Administration (RSA) Region VI: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. Although the project is confined to providing technical assistance only to agencies and organizations within this region, the project's Peer Review Advisory Council (PRAC) may at times identify exemplary program models from other parts of the country. Out-of-region exemplars are identified to supplement existing in-region models available to offer technical assistance.

The four service area categories, or "core areas", in which programs are reviewed and identified as exemplary, currently include:

- Job Placement Services,
- Transitional Services,
- Supported Employment Services, and
- Independent Living Services.

Definitions of these service categories are provided below.

- **JOB PLACEMENT SERVICES** include any services that result specifically in the placement of persons with disabilities in competitive employment positions. Such services may be targeted to persons with a wide range of disabilities, including learning disabilities, mental retardation, mental illness, and/or physical disability. "Competitive employment positions" refers to employment positions that are available in the community and that could be filled by any qualified applicant, with or without a disability.
- **TRANSITIONAL SERVICES** include any short-term training activities and/or related services that promote the transition of persons with disabilities to competitive working life. Training activities are designed to provide clients with a specific set of skills that can be used to secure and maintain competitive employment positions. "Short-term" refers to a period usually not more than 12-18 months; however, the critical factor is not a specific time period but the fact that, at some point, the client possesses the skills to work competitively and independently, without any ongoing, special services provided after job placement. Transitional Services may be targeted to persons with a wide range of disabilities, including learning disabilities, mental retardation, mental illness, and/or physical disabilities. Such services may be offered through secondary or post-secondary schools or community-based programs and facilities for adult clients.
- **SUPPORTED EMPLOYMENT SERVICES** are designed to enable clients with severe disabilities to secure and maintain employment. Such services generally provide training, placement, and ongoing, long-term support that is necessary for clients to continue employment. These programs, then, do not lead to unassisted competitive employment; they are designed for persons with disabilities so severe that they are not eligible for traditional vocational rehabilitation services. Within this category, exemplary program models may focus on one or more of the following specific elements of supported employment services:
    - innovative, creative funding arrangements,
    - services for specific disability groups, and/or
    - characteristics of effective job coaching.
- **INDEPENDENT LIVING SERVICES** include a broad range of services designed to improve the quality of life for persons with severe disabilities via organizations and programs that are controlled by the consumers of those services themselves. Such services may include: (1) housing, (2) transportation/mobility, (3) living skills, (4) counseling, (5) community integration, and/or (6) employment-related services. Each of these areas is described below.

    Housing services may include information and referral services; assistance with financial arrangements; provision of accessible housing; skills development focused on home safety, cleaning and maintenance, in-home mobility, and/or food planning and preparation; and any other services necessary for a person with a severe disability to obtain and maintain a desired level of independence in the broad area of housing.

Transportation/mobility services involve the development of personal and community resources to facilitate and increase mobility. Services may range from assistance with vehicle modification or purchase of a modified vehicle, to assistance of appropriate public transportation, to skills development in orientation and mobility.

Living skills services include training and assistance related to daily living needs. Services may include skills development related to communication, personal hygiene and dress, and problem-solving; provision of adaptive equipment or devices; and/or specialized training for personal attendants.

Counseling services may range from peer support services to ongoing individual counseling aimed at development of specific behaviors. Group counseling, personal and social adjustment counseling, sexuality counseling, and/or referral to appropriate professional counseling resources may be provided within this category.

Community integration services may involve a range of activities, including individual/group advocacy, recreation, consumer skills development, and/or training in basic academic skills.

Employment-related services address a variety of issues related to employment of persons with severe disabilities. They may include direct employment services such as job or career development, job placement, or supported employment services; training or support related to job modification, retention, or mobility; and/or community and employer awareness efforts focusing on the benefits of hiring persons with severe disabilities.

PREREQUISITES FOR VALIDATION

Each rehabilitation or independent living program or practice nominated for recognition as exemplary must meet a set of prerequisites. Before further program evaluation can occur, each nominated program must first assure that it:

- has clearly defined program goals, objectives, and activities;
- is performing activities that correspond to one of the current RRX core areas;
- has been in existence for at least two years prior to consideration as exemplary by the RRX Peer Review Advisory Council, and expects to continue operation for at least one year past the time of annual *Catalog* publication (July or August of each year), or has received a waiver from the RRX Peer Review Advisory Council;
- meets necessary state/federal certification or accreditation requirements, where applicable;
- can demonstrate program effectiveness through accumulated documentation of program services and client outcomes;
- has kept records of expenditures for a recent twelve-month period in the categories of personnel, facilities, equipment, and materials;
- is able to provide descriptive program information through the Information Request Form and an onsite visit;

- is willing to share descriptive information with interested rehabilitation or independent living professionals through telephone, letter or site visits;
- will keep records of these contacts and report periodic summaries to the RRX; and
- is willing to act as technical assistance consultant to assist other organizations wishing to adopt or adapt the exemplary program model to their own service delivery systems.

Staff of the nominated program/practice will conduct a self-assessment for compliance with these prerequisites. If all requirements are met, nominated program staff will proceed with the validation process by completing the Information Request Form and returning it to the RRX for analysis.

CRITERIA FOR VALIDATION

Since its inception in March 1983, the RRX has developed, expanded, and refined the validation process by which exemplary rehabilitation and independent living programs are identified. The criteria used for validation have evolved into a system consisting of ten separate critical factors. These factors are related to a weighting system that assigns to each a specific weight relative to its importance in the evaluation process. The RRX Peer Review Advisory Council has adopted these criteria as being those characteristics of critical importance to be considered in the classification of all exemplary programs. Following is a list of these ten critical factors.

1. Program Goals and Objectives*
2. Target Population
3. Documentation
4. Success Rate
5. Cost-Effectiveness
6. Comprehensiveness
7. Evaluation Criteria
8. Staffing Patterns
9. Transportability
10. Innovativeness

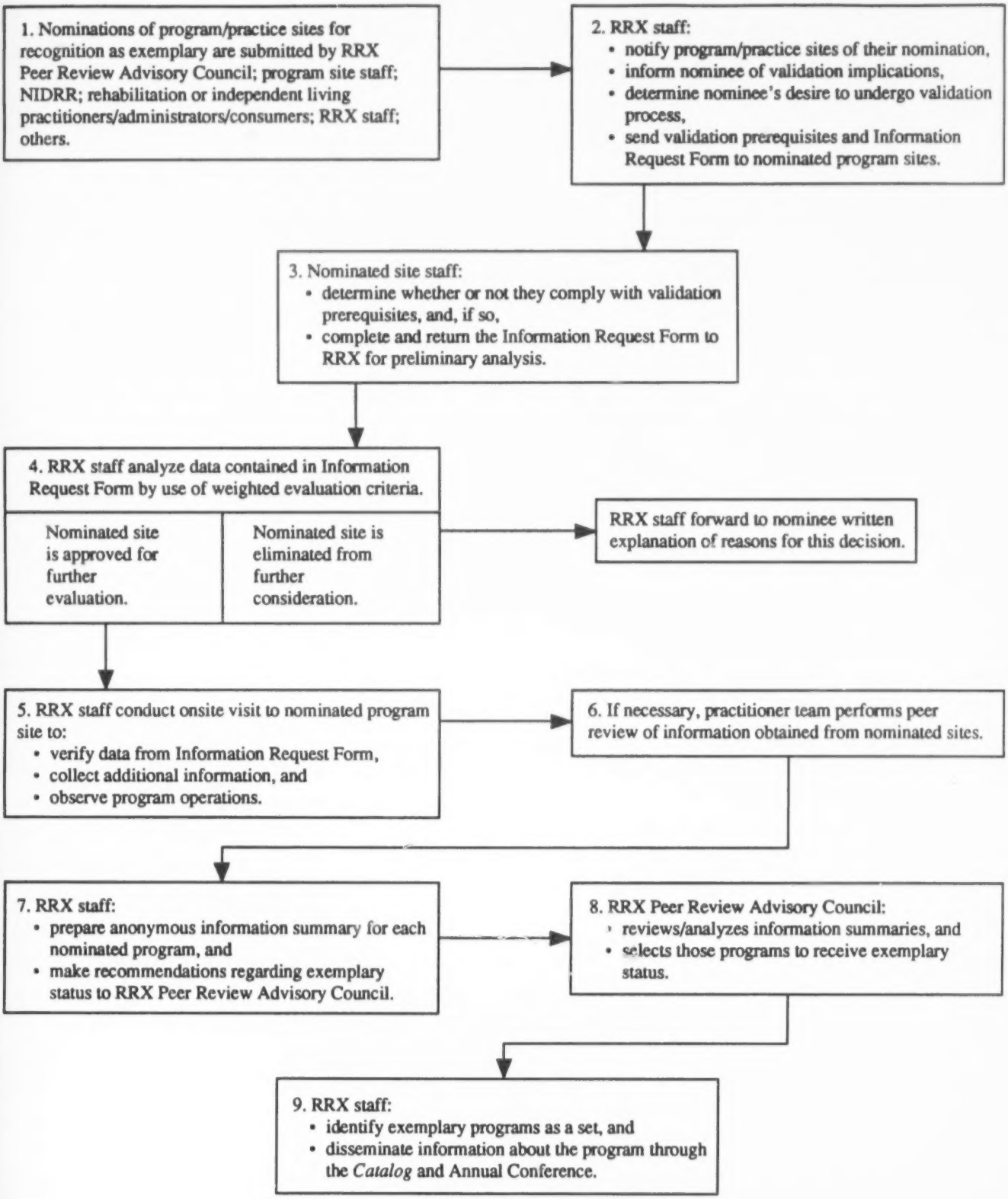
* This factor is the initial point of elimination. Programs not satisfying this criterion will be considered ineligible for exemplary status and will not undergo further consideration in terms of the remaining nine criteria.

THE RRX VALIDATION PROCESS

Validation is a way of identifying those rehabilitation or independent living programs that are exemplary or outstanding in their results. It utilizes an evaluation system that applies a set of criteria to descriptive program information together with an onsite observation to determine whether the documented program effects are truly outstanding.

The schematic on the next page illustrates the sequence of events that constitute the RRX validation process. The process is begun when a potential exemplary program is identified, either by persons within that program or by an outside third party well-acquainted with the program. RRX staff contact

THE RRX VALIDATION PROCESS


1. Nominations of program/practice sites for recognition as exemplary are submitted by RRX Peer Review Advisory Council; program site staff; NIDRR; rehabilitation or independent living practitioners/administrators/consumers; RRX staff; others.
2. RRX staff:
• notify program/practice sites of their nomination,
• inform nominee of validation implications,
• determine nominee's desire to undergo validation process,
• send validation prerequisites and Information Request Form to nominated program sites.
3. Nominated site staff:
• determine whether or not they comply with validation prerequisites, and, if so,
• complete and return the Information Request Form to RRX for preliminary analysis.
4. RRX staff analyze data contained in Information Request Form by use of weighted evaluation criteria.
Nominated site is approved for further evaluation.
Nominated site is eliminated from further consideration.
RRX staff forward to nominee written explanation of reasons for this decision.
5. RRX staff conduct onsite visit to nominated program site to:
• verify data from Information Request Form,
• collect additional information, and
• observe program operations.
6. If necessary, practitioner team performs peer review of information obtained from nominated sites.
7. RRX staff:
• prepare anonymous information summary for each nominated program, and
• make recommendations regarding exemplary status to RRX Peer Review Advisory Council.
8. RRX Peer Review Advisory Council:
• reviews/analyzes information summaries, and
• selects those programs to receive exemplary status.
9. RRX staff:
• identify exemplary programs as a set, and
• disseminate information about the program through the *Catalog* and Annual Conference.

the nominees to determine whether they meet the validation prerequisites and if they desire to undergo the validation process. If so, the nominee completes an Information Request Form and forwards it to RRX staff, who analyze it by applying a weighted information system.

After evaluating a program in regard to the data provided on the completed Information Request Form and according to the critical factors previously described, RRX staff may eliminate a nominated program from further consideration. Reasons for this decision might include:

- failure of the nominated program to correspond with one of the core areas identified by the Peer Review Advisory Council;
- insufficient client outcome data, however defined by the program;
- inadequate descriptions of program operation; or
- incomplete client follow-up data.

If a program nominee is eliminated from further consideration, RRX staff will provide a written notification to program representatives, and no onsite visit is planned. If application of the evaluation weighting criteria indicates that the nominated program should be reviewed further, an onsite visit is scheduled and the remaining steps (5-9) of the RRX validation process are followed.

The RRX has published a Validation Manual for Exemplary Programs and Practices for each program core area. Copies of any of the manuals may be obtained by contacting the Regional Rehabilitation Exchange.

CRITICAL FACTORS AND THEIR CHARACTERISTICS

In reviewing each program, RRX staff analyze specific characteristics to determine the extent to which the nominee provides descriptive information which addresses each critical factor. The information in Figure 1, following, describes the characteristics of each critical factor and indicates where these data are recorded on the Information Request Form. This information is specific only to the core area of Independent Living Services.

The RRX Peer Review Advisory Council has not established absolute standards for each critical factor. For example, a program need not address each critical factor to the same extent for it to be deemed exemplary. However, addressing only a few factors extensively to the relative exclusion of most of the others may jeopardize the program's selection as exemplary. In the core area of Independent Living Services, not all categories of services must be provided in order to be considered as an exemplary program. Instead, service areas must be documented with sufficient data to demonstrate outstanding service outcomes. During the Peer Review Advisory Council's review, information is compared on all related programs nominated for exemplary status. For this total set, a limited number of programs are selected depending on the relative cross-rankings resulting from the comparison process.

In their selection of exemplary programs, members of the Peer Review Advisory Council bear in mind one of the RRX Project's primary priorities: to develop a pool of technical assistance resources representing a wide range of diverse approaches to rehabilitation and independent living issues. There may be a number of in-region rehabilitation or independent living programs conducting similar activities and producing similar outcomes. It is probable that only one representative of like programs will be recognized, although several may offer worthy programs. For the same reason, out-of-region

FIGURE 1

CRITICAL FACTOR	CHARACTERISTICS	ITEMS ON INFORMATION REQUEST FORM						
		General	Housing	Trans.	IL Skills	Counsel.	Comm. Integ.	Employ.
1. Program Goals and Objectives	Program goals are adequately reflected in the set of program services. Independent Living Service Programs may provide services thought to improve the quality of life for persons with severe disabilities.	IA IB IC ID IE IL						
2. Target Population	Target population of independent living services can be classified as that of the severely disabled, ranging from a specific disability to a wide range of disabilities. Program activities should be appropriate to the number of clients served, and to the types and severity of their disabilities. The range and level of disabilities served by the program are well documented.	IC ID IF IG IH						
3. Documentation/ Good Record Keeping	The program has complete, up-to-date records on: • consumer demographics, • consumer intake, • consumer assessment/evaluation, • consumer follow-up, • program costs, and • program outcomes.	IF IH II IJ IK IV	IIA1 IIA2 IIA6b IIA6g	IIB1 IIB3 IIB4 IIB5 IIB6b IIB6c IIB6g	IIC1 IIC2 IIC3 IIC4 IIC5 IIC6 IIC7a IIC7b IIC7g	IID1 IID2c IID2d IID2g	IIE1 IIE2 IIE3 IIE4 IIE6b IIE6c IIE6g	IIF3 IIF4a IIF4b IIF4c IIF6 IIF7

FIGURE 1 (continued)

CRITICAL FACTOR	CHARACTERISTICS	ITEMS ON INFORMATION REQUEST FORM						
		General	Housing	Trans.	IL Skills	Counsel.	Comm. Integ.	Employ.
4. Success Rate	The program can demonstrate a correlation between the type of service provided and improvement in the quality of life for the consumer(s). Measurable goals such as job placements, use of services, and number of referrals made to other service providers are examples of success rates dependent on the types of services provided by the program.		IIA1 IIA2 IIA6g	IIB1 IIB2 IIB3 IIB4 IIB5 IIB6g	IIC1 IIC2 IIC3 IIC4 IIC5 IIC6 IIC7g	IID1 IID2g	IIE1 IIE2 IIE3a IIE3b IIE4 IIE6g	IIF3 IIF4 IIF4a IIF4b IIF4c IIF6
5. Cost Effectiveness	The program can provide information to compare program services and/or benefits vs. costs. The extent to which the program has access to such information and depends on external resources or assets for its operation will determine this figure of cost effectiveness.	IV						
6. Comprehensiveness	Consumers have access to a full range of services, as needed, either because the program: • provides these services directly, or • offers organizational access to them. Ancillary support services are easily available and closely integrated with the program.		IIA3 IIA4 IIA5 IIA6a IIA6b IIA6c IIA6d	IIB6a IIB6b IIB6c IIB6d	IIC7a IIC7b IIC7c IIC7d	IID2a IID2b IID2c IID2d IID2h IID2i	IIE5 IIE6a IIE6b IIE6c IIE6d	IIF1 IIF2 IIF5a IIF5b IIF5c IIF5d IIF7
7. Evaluation Criteria	To plan, develop, report and refine its activities, the program considers the extent to which it has: • met established program goals, and • addressed local community needs.	IG Va Vbd	IIA6e IIA6f	IIB6e IIB6f	IIC7e IIC7f	IID2e IID2f IID2h IID2i	IIE6e IIE6f	

FIGURE 1 (continued)

CRITICAL FACTOR	CHARACTERISTICS	ITEMS ON INFORMATION REQUEST FORM						
		General	Housing	Trans.	IL Skills	Counsel.	Comm. Integ.	Employ.
8. Staffing Patterns	Program staff, both collectively and individually, are: • adequate in number to efficiently manage and implement the program, • sufficiently well qualified and trained, • able to meet any specialized program implementation needs, and • "common" enough to be found elsewhere should the program be exported to another location.	III						
9. Transportability	Enough evidence exists to warrant the expectation that the program could be implemented elsewhere, with similar results. The program either: • is an adaptation of a similar program existing elsewhere, or • has been adopted/adapted by another organization.	Vba Vbb Vbc						
10. Innovativeness	The program is original in that it either addresses or solves in a unique way an independent living problem or embodies a new idea in the field. The program also offers a unique combination of characteristics related to: • target population, • success rate, • comprehensiveness, and • transportability.	Information about innovativeness is reflected in those items on the IRF previously mentioned as relating to these four critical factors (target population, success rate, comprehensiveness, and transportability). In addition, information collected during the onsite visit to the program may be applied to an evaluation of this critical factor.						

COMPLETING THE INFORMATION REQUEST FORM

Example The following pages contain an example of a completed Information Request Form.

Application Complete this particular form only if your program provides Independent Living Services. **DO NOT** follow this example if your program lies in any core area other than Independent Living Services. Separate Validation Manuals are available for programs in other core areas.

Purpose The sample Information Request Form will provide information about possible responses to specific items.

Program Because each nominated program has unique characteristics, answers to Information Request Form items may vary considerably.

Important The example which follows is **NOT** intended to reflected the desired response from any persons completing the form.

Attachments After completing the Information Request Form, attach any additional comments or program-related information you believe will help RRX staff to evaluate your program.

Questions If you have questions or need more information when completing the form, contact the Regional Rehabilitation Exchange, (512) 476-6861 (Voice/TDD).

programs using different approaches and producing different outcomes may be chosen when such an addition to the available technical assistance resources pool would be favorable.

IMPLICATIONS FOR VALIDATED PROGRAMS

Benefits to be identified as an exemplary program are frequently derived from the designation as a model to be emulated by others. It is possible to gain regional, as well as national, recognition as a unique, innovative, and effective program. This recognition earned from the larger rehabilitation or independent living community often enhances the local community opinion of the exemplary program.

To increase awareness of identified exemplary program models and to encourage their adoption or adaptation by other rehabilitation or independent living professionals, the RRX publishes and disseminates the *Catalog of Exemplary Programs and Practices*, which contains detailed descriptions of all programs validated by the RRX Peer Review Advisory Council. Copies of the *Catalog* can be obtained by contacting the RRX.

All rehabilitation and independent living programs or practices awarded exemplary status accept the responsibility to serve as a technical assistance resource to other agencies or organizations interested in implementing similar program components elsewhere. Representatives of exemplary program models should be willing to:

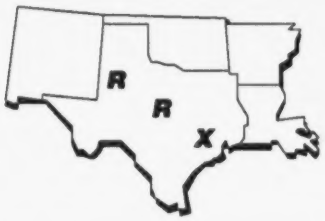
- make a presentation on the exemplary program model at the RRX Annual Conference in the project year in which the model is validated
- upon request, make program presentations at appropriate local, statewide, or regional professional workshops, meetings, or conferences
- share exemplary program model-related information with interested rehabilitation or independent living service providers through telephone contacts, written correspondence, or onsite visits
- maintain periodic communication with RRX staff to report any contacts that appear to have the potential to result in a technical assistance activity
- assist RRX staff and the state RRX Staff Associate in identifying service providers that might be appropriate to receive technical assistance
- act in the role of a consultant to provide technical assistance to other organizations wanting to adopt or adapt the exemplary program model, or one of its components, in their own service delivery systems; all formal technical assistance activities of this nature are scheduled in a manner mutually acceptable to exemplary program staff and staff of the adopting organization and are specified in a detailed Memorandum of Agreement signed by all parties involved, including the RRX
- prepare a report documenting the details of the technical assistance provided and any plans for follow-up with the adopting agency or organization
- provide feedback to RRX staff regarding the appropriateness and perceived effectiveness of technical assistance activity

As indicated in these exemplary program responsibilities, specific methods to encourage continued involvement with the RRX may include making formal presentations at local, statewide, and professional meetings or conferences. Such presentations allow the exemplary program staff to

describe more fully to professional colleagues the operations and outcomes of the exemplary program or practice. As an example, all exemplary program models identified in any one project year are showcased at the RRX Annual Conference.

In addition to the conference or workshop attendance, exemplary program staff may be requested to provide limited, more directed technical assistance and training to organizations interested in replicating components of exemplary program models in other locations. For both types of continuing technical assistance involvement with the RRX, a negotiated amount of the expenses for exemplary program staff participation is paid by the RRX.

Regional Rehabilitation Exchange



SOUTHWEST EDUCATIONAL DEVELOPMENT LABORATORY

Independent Living Services

INFORMATION REQUEST FORM

For the Identification of Exemplary Programs

QUESTIONS RELATING TO THE LARGER ORGANIZATION

PROGRAM NAME: (no name needed)

ORGANIZATION NAME: Independent Living Resources, Inc.

ADDRESS: 2315 Flatland Avenue

CITY/STATE: Amarillo, Texas ZIP CODE: 85664

CONTACT PERSON: Randall Blake PHONE (915) 123-4567

TITLE: Executive Director

I. BRIEF ORGANIZATIONAL DESCRIPTION

A. Please provide a brief history of the organization, including when and why it was begun (attach an organizational plan, if available).

Independent Living Resources, Inc. was started in 1982 with a grant from the Federal Government, Title VII, Part B. The organization serves Blair County and the city of Amarillo, TX and attempts to serve all severely disabled citizens in this area.

(Organizational Chart attached).

B. What are the organization's current goals?

ILR, Inc. provides five primary services to severely disabled adults: advocacy, information and referral, peer counseling services, transportation and mobility services, and living skills services. Goals for this fiscal year include the addition of Living Skills Services, particularly in the area of a range of accessible housing options within the community and housing-related services.

C. How many persons currently serve on the organization's governing board?

Seven individuals in this community serve on the ILR, Inc. Advisory Council. This Council meets monthly to guide the major activities of the ILR, Inc.

Of this number, how many are disabled?

Of the seven members, five individuals would be considered severely disabled. The remaining two members are a parent of a disabled child and a professional service provider.

D. How are members of the organization's governing board identified and recruited?

Current Advisory Council members are asked to nominate individuals to replace outgoing members. The membership committee identifies other potential members and recommends a slate of Advisory Council members to the entire group for its consideration.

E. What opportunities for professional development are provided for members of the organization's governing board?

Two weekend working retreats are planned and implemented each year for members of the Advisory Council. In addition, some limited amount of money is set aside for attendance at relevant conferences or workshops.

F. How many persons are presently employed by the organization?

Eleven persons are employed full-time, and two are part-time employees.

Of this number, how many are disabled?

Seven employees are disabled, five of which are full-time employees and two of which are part-time.

G. How do consumers provide input to the organization?

A Consumer Advisory Group is in force, providing a consistent mechanism for input from consumers. In addition, evaluations are conducted on all programs to solicit input from participants as to improvements needed.

H. List the major categories of disability groups (and the numbers of persons in each) who have received services from the organization during the last 12 months.

DISABILITY GROUP CATEGORIES	NUMBER
Mentally Retarded	80
Physically Disabled	50
Hearing Impaired	60
Visually Impaired	40
Mental Health	25
Learning Disabled	25
TOTAL	280

I. How many persons receiving services would be classified as elderly (i.e., over 55 years of age)?

30

J. How many persons receiving services would be classified as school-age (i.e., 10-22 years of age)?

50

K. Have any materials been developed by the organization to describe its administration and internal operating structure?

Yes. An administrative handbook has been produced.

If so, are these materials available for use by other agencies interested in establishing similar administrative guidelines and structures?

The handbook can be made available to other service providers for the cost of duplication.

L. What methods, if any, are used for community fund-raising efforts?

Fund-raising efforts in the past have taken a variety of forms, ranging from raffles to garage sales and holiday carnivals.

QUESTIONS RELATING TO SERVICES PROVIDED

II. SERVICE OUTCOMES

Please provide information for the following service area categories by completing the section indicated in parenthesis after each category. **DO NOT** provide information for those categories which are **NOT** checked.

- ☐ Housing Services (complete Section A)
- ☒ Transportation/Mobility Services (complete Section B)
- ☒ Living Skills Services (complete Section C)
- ☒ Counseling Services (complete Section D)
- ☐ Community Integration Services (complete Section E)
- ☐ Employment-Related Services (complete Section F)

For the following questions, please provide the requested information for a specified RECENT 12-MONTH PERIOD. If you are providing information for more than one service area category, the respective 12-month periods for each **NEED NOT** be the same.

A. For **HOUSING SERVICES** during the 12-month period beginning on _____ and ending on_____:

1. How many information and referral contacts have been made regarding affordable, accessible housing?

2. Of the number of housing-related information and referral contacts noted in 1., above, how many were related to assistance in arranging for financial assistance in housing?

3. Describe any education/public awareness services provided to builders/developers to increase public awareness of the unique construction design needs of persons with disabilities.

4. Describe the range of housing options developed for persons needing such services.

5. Does the organization provide affordable, accessible housing for persons with disabilities? If so, please describe it.

6. Please check those skills areas listed below **for which you provide training.**

   For **each** of the areas marked, please answer the following set of questions (a. - g.) on separately attached pages.

   - ☐ home safety skills
   - ☐ home maintenance skills
   - ☐ cleaning skills
   - ☐ food planning and preparation skills, nutrition, and food budgeting
   - ☐ in-home mobility skills
   - ☐ use of housing-related attendant services
   - ☐ other:_____

   a. Who provides this training?

   b. For the recent 12-month period noted previously, please describe the persons who have received training, according to the following dimensions:

      (1). number of persons
      (2). age range
      (3). disability types

   c. Of those persons receiving training, please describe those who have successfully completed it, according to the following dimensions:

      (1). number of persons
      (2). age range
      (3). disability types

   d. Describe the training that is provided.

Is there a formal, written curriculum which is followed?

If so, does it contain behaviorally defined objectives, activities for achieving these objectives, and associated training materials?

e. How are entry skills measured **before** training begins?

f. How are exit skills measured **after** training?

g. What effects of training have been documented, i.e., what evidence exists to demonstrate that the training has produced results in the persons receiving it?

B. For **TRANSPORTATION/MOBILITY SERVICES** during the 12-month period beginning on October 1, 1987 and ending on September 30, 1988:

1. How many information and referral contacts have been made regarding personal transportation needs?

250 contacts have been made in the area of personal transportation needs, including coordination of mobility training with the local association for the blind; access to drivers' training for persons with disabilities; and involvement in the acquisition of accessible vehicles.

2. If public mass transportation is provided in your community, what involvement does the organization have in planning for improvements to accessibility of the system?

The ILR, Inc. was instrumental in educating the City Council and county planners regarding the need for accessible buses and mini-vans. The organization constantly advocates for improvements within the transportation system and has recently assisted city planners in subcontracting with a local taxi service to fill gaps which may occur in daily transportation needs of disabled riders.

What improvements have been documented in this area?

(1) The addition of three fully accessible mini-buses to the city bus system

(2) The development of a contract between the city and local taxi service to provide services when the city transportation system cannot meet the needs of the disabled population

(3) Educational efforts regarding transportation/mobility needs of the severely disabled are continuous and reflected in our public relations efforts through advocacy and community presentations

3. How many personal vehicle assessments have been provided?

None directly; we refer individuals to a local business which provides this service.

4. How many personal vehicle modifications have been provided?

ILR, Inc. has advocated on behalf of 12 physically disabled persons needing accessible vehicles through DVR. Of these 12, 5 were successful in obtaining vehicles; 2 are pending decisions from funding authorities.

5. How many times has the program facilitated the purchase of a modified personal vehicle?

See above (B4).

Two ways: through advocacy efforts on behalf of the client with DVR; and, assisting to obtain transportation loans with local banks.

6. Please check those skills areas listed below **for which you provide training.**

For **each** of the areas marked, please answer the following set of questions (a. - g.) on separately attached pages.

☒ mobility and orientation skills

☒ skills in using community-specific public transportation systems

☒ skills in using inter-community transportation systems (e.g., airlines, buses, trains, etc.)

☒ other: assistance in obtaining drivers' training to operate a modified vehicle; coordinating special training with an interpreter for deaf clients; counseling regarding the cost of obtaining and maintaining a vehicle in relation to the individual's budget.

a. Who provides this training?

The Transportation Services Department coordinates all transportation services by referring to the M&O Instructor, providing the training directly, or referring to outside agencies that better meet the needs of the client.

b. For the recent 12-month period noted previously, please describe the persons who have received training, according to the following dimensions:

(1). number of persons M&O Training-15; drivers' training-14.

(2). age range 18 years - 50 years

(3). disability types M&O Training-visually impaired; specialized drivers' training-mobility impaired; LD; deaf.

c. Of those persons receiving training, please describe those who have successfully completed it, according to the following dimensions:

(1). number of persons M&O Training-14 completed; 1 is repeating; drivers' training-12 passed, 2 did not obtain license.

(2). age range 18 through 50

(3). disability types M&O Training-visually impaired; specialized drivers' training-physically impaired; learning disabled and hearing impaired clients.

d. Describe the training that is provided.

Mobility and Orientation Instruction provides intensive, daily training for the visually impaired in the use of a cane, mobility within the city and their neighborhood, and use of public transportation. Specialized drivers' training addresses individual needs of the physically disabled in using modified vehicles, adaptive techniques; classes for the hearing impaired and the LD utilize special methods for teaching concepts and passing licensing procedures.

Is there a formal, written curriculum which is followed? YES

If so, does it contain behaviorally defined objectives, activities for achieving these objectives, and associated training materials?

YES. Transportation goals are clearly defined for each client and signed via a written agreement by the instructor, coordinator, and client.

e. How are entry skills measured **before** training begins?

M&O clients are referred from the Commission for the Blind where a thorough assessment is initially conducted; DVR obtains an assessment of the limitations and capacities of the physically disabled prior to referral to us.

f. How are exit skills measured **after** training?

M&O Instructor has a checklist of skills obtained and areas needing improvement; others either do or do not obtain a driver's license as a measurement standard.

g. What effects of training have been documented, i.e., what evidence exists to demonstrate that the training has produced results in the persons receiving it?

Records on each client indicate the results of training as described in 6f.

C. For **LIVING SKILLS SERVICES** during the 12-month period beginning on October 1, 1987 and ending on September 30, 1988 :

1. How many information and referral contacts regarding independent living skills services (including referrals to qualified attendants) have been documented?

250 contacts

2. How many accessibility/modification assessments for the home environment have been provided? Please describe them.

15 Kitchen and bathroom assessments; accessible parking; ramps, handrails; communication assessments.

3. How many modifications to improve home accessibility have been provided? Please describe them generally as to type.

20 Accessible entrances, handrails, ramps, parking spaces, flashing smoke alarms, doorbells and telephone signals, TDD's, emergency networks with police and fire departments.

4. What types of specialized training have been provided for attendants in working with persons with a disability? How many times has this service been provided during the 12-month period noted earlier?

Individual attendant training is provided as per needs of clients and as vacancies occur. This training was provided 25 times during this 12-month time period.

Are reference checks conducted on attendants? YES

5. What types of unique communication services (e.g., interpreters, note-takers, brailled information materials) have been provided to persons in specific disability groups? How often have these services been provided during the 12-month period noted earlier?

Interpreting services for the deaf/hearing impaired population; TDD message relay service; emergency interpreting services; TDD training–85 contacts.

Scribes, note-takers, readers for the blind/visually impaired population–70 contacts.

6. What types of unique adaptive equipment/devices have been provided to persons needing them? How many instances of this service have been documented?

- System to administer medication (1)
- Flashing smoke alarms (3)
- Specialized hook-up with hospital to monitor heart irregularities (1)

7. Please check those skills areas listed below **for which you provide training.** For each of the areas marked, please answer the following set of questions (a. - g.) on separately attached pages.

- ☒ dressing skills
- ☐ communication skills
- ☐ personal hygiene skills
- ☐ skills related to use of attendant services in activities of daily living
- ☐ leisure time orientation/management skills
- ☐ problem solving skills
- ☒ other: budgeting skills

a. Who provides this training?

Independent Living Skills Coordinator, Living Skills Instructor, and Coordinator.

b. For the recent 12-month period noted previously, please describe the persons who have received training, according to the following dimensions:

(1). number of persons: 85

(2). age range: 16-60

(3). disability types: Blind/visually impaired; deaf/hearing impaired; mobility impaired; CP; mentally retarded; LD.

c. Of those persons receiving training, please describe those who have successfully completed it, according to the following dimensions:

(1). number of persons: 53 completed training; 3 withdrew; 29 are continuing training

(2). age range: 16 - 60

(3). disability types: Refer to 7b(3).

d. Describe the training that is provided. Daily Living Skills Training - includes dressing, personal hygiene skills, use of attendant or interpreter training, budgeting skills. Communication Skills Training - includes basic academic skills needed for daily living; use of TDD equipment, basic sign skills.

Is there a formal, written curriculum which is followed? YES

If so, does it contain behaviorally defined objectives, activities for achieving these objectives, and associated training materials? YES

e. How are entry skills measured **before** training begins? An independent living skills assessment is conducted by the ILS Coordinator.

f. How are exit skills measured **after** training?

Monthly reports document progress in areas of deficiency; monthly staffings are conducted with the client and referral agency staff. A narrative report is compiled at the completion of the training period with recommendations for future planning.

g. What effects of training have been documented, i.e., what evidence exists to demonstrate that the training has produced results in the persons receiving it?

Refer to C7f.

D. For **COUNSELING SERVICES** during the 12-month period beginning on October 1, 1987 and ending on September 30, 1988 :

1. How many information and referral contacts related to counseling have been documented?

30 to outside counseling sources; 150 referrals were made within the organization.

2. Do you provide counseling services of any of the types listed below?

If so, indicate which, and on separately attached pages answer the following set of questions (a. - i.) for each type of counseling which you check.

- ☒ peer support counseling
- ☒ personal/social adjustment counseling
- ☒ counseling with family or other support group
- ☒ sexuality counseling/training
- ☒ alcohol/drug abuse counseling
- ☐ individual self-advocacy/assertiveness skills counseling
- ☐ counseling in personal attendant management (e.g., hiring, firing, supervising, etc.)
- ☐ other:_____

a. Who provides the counseling?

The Counseling Services Coordinator provides the initial screening of new clients. In-depth counseling services are provided by the Coordinator and the Counselor. Peer group counseling and some family counseling is provided by the Peer Services Counselor.

b. How are the staff trained by the organization to provide counseling services?

The staff in the counseling department are trained counselors prior to joining the staff. They are allowed to keep abreast of current topics and to upgrade their knowledge through seminars, classes, and other training programs pertinent to the needs of the client population served. Alcohol and drug counseling is provided by a local agency specializing in these services. ILR, Inc. staff reinforce this external counseling.

c. For the 12-month period indicated previously, please describe the persons who have received counseling, according to the following dimensions:

(1). number of persons: 150 clients

(2). age range: 18 to 65 years of age

(3). disability types: Mentally retarded, physically disabled, hearing impaired, visually impaired, mental health, learning disabled.

d. Describe the counseling that is provided.

Individual and group peer counseling; family counseling, personal/social adjustment counseling, sexuality and personal awareness counseling, adjustment to disability counseling, self-advocacy and assertiveness counseling.

e. Is there a pre-assessment measure administered to determine what type of counseling is needed?

Yes. Both informal assessments and formal testing procedures may be used by the Counseling Services Coordinator to determine the counseling plan.

f. Is there a post-assessment measure?

Most in-depth counseling requires pre-and post-assessments, depending on the type of counseling provided. Typically, this information is kept in the casefiles.

g. If you answered "yes" to e. and f., above, please provide a summary of the counseling results.

Casefiles contain all pre- and post-assessment data as well as progress within other service areas as provided by the ILR, Inc. Summaries of casefile data suggest the following:

30 clients in active phase of peer counseling

38 clients utilizing personal/social adjustment counseling

5 clients participating in some phase of family counseling

20 clients receiving sexuality counseling

57 clients in individual self-advocacy/assertiveness counseling

h. Indicate the type(s) of counseling format(s) which is/are used:

☒ peer support—Primarily group counseling format

☒ individual

☒ group

i. Indicate the counseling schedules which are available:

☒ regular/ongoing

☒ emergency/on-call

E. For **COMMUNITY INTEGRATION SERVICES** during the 12-month period beginning on October 1, 1987 and ending on September 30, 1988.

1. How many information and referral contacts regarding community integration services have been documented?

100 contacts were made and documented within the client casefiles regarding integrating attempts into the community. Although this is not a substantive portion of the services provided, these areas are touched under the general category of Information and Referral.

2. How has the program offered access to available community services or events? How many times has this service been provided?

The ILR, Inc. serves as a bridge to many other agencies in the community by serving as an initial information-provider to many severely disabled persons.

3. For each of the following two types of advocacy services, what types of activities have been undertaken? What outcomes have been documented as a result of these services?

   a. legislative advocacy

   b. individual advocacy

4. What types of recreational programming are provided by staff? How many times during the 12-month period have these services been offered?

5. Describe staff involvement with other community-based programs, such as:

   a. client assistance programs

   Referral to this agency is made when clients may not be receiving necessary vocational rehabilitation and other social services. The Executive Director of this program serves in an advisory capacity to this organization.

   b. protective services programs

   c. social service agencies

   Active involvement in ascertaining that ILR, Inc. clients receive services as necessary.

6. Please check those skills areas listed below for which you provide training. For each of the areas marked, please answer the following set of questions (a. - g.) on separately attached pages.

   ☐ socialization skills
   ☐ basic academic skills (reading, writing, arithmetic)
   ☐ skills in managing personal finances
   ☐ consumer skills
   ☐ skills in using personal attendant services
   ☐ other:_____

   a. Who provides this training?

   b. For the recent 12-month period noted previously, please describe the persons who have received training, according to the following dimensions:

      (1). number of persons

      (2). age range

      (3). disability types

c. Of those persons receiving training, please describe those who have successfully completed it, according to the following dimensions:

(1). number of persons

(2). age range

(3). disability types

d. Descfibe the training that is provided.

Is there a formal, written curriculum which is followed?

If so, does it contain behaviorally defined objectives, activities for achieving these objectives, and associated training materials?

e. How are entry skills measured **before** training begins?

f. How are exit skills measured **after** training?

g. What effects of training have been documented, i.e., what evidence exists to demonstrate that the training has produced results in the persons receiving it?

F. For **EMPLOYMENT-RELATED SERVICES** during the 12-month period beginning on October 1, 1987 and ending on September 30, 1988 :

1. Describe public information activities which increase employer awareness of the benefits of hiring disabled persons.

Staff persons are actively involved with the Mayor's Committee for Employment of the Disabled; are encouraged to give numerous presentations to civic and other community organizations; and participate in the biannual Disability Awareness Day.

2. Has the program established and does it actively utilize a business advisory council? If so, what is its function?

3. What types of assistance in locating and/or maintaining employment have been provided to persons needing these services?

Referral to vocational rehabilitation agency and other organizations providing employment and placement assistance.

How many persons have received these services?

20 referrals have been made to the Department of Vocational Rehabilitation.

4. How many employment placements have been documented?

None

For these documented placements, what is the:

a. retention rate

b. range of wages

c. average wage rate

5. What assistance is provided to consumers in the areas of:

a. job development

b. job retention

c. job mobility

d. career development

6. Does the program provide services to disabled school-age students (ages 10-22) to help prepare them for graduation and transition to employment? If so, describe these services and the outcomes documented.

7. Is any job seeking skills training provided?

   If so, describe it, e.g., Job Club, job exploration, job readiness, etc.

   How many individuals have been involved in this training over the last year?

III. STAFF

Provide information relating to staff for **each** of those service area categories (identified in Section II., SERVICE OUTCOMES, p. 4) for which you have provided descriptive information earlier in this instrument.

Service Area	Job Title(s)	Number of Staff	% Time Service Area	Key Tasks in this Service Area
Administration	Executive Director	1	100	Development of fiscal resources; administrative and public relations functions; future program development and planning.
Administration	Administrative Assistant	1	100	Office management, fiscal and budget concerns; personnel matters related to hiring, payroll, etc.
Administration	Assistant Director	1	100	Assists Executive Director in management of personnel; development of financial resources; some grant development; some public relations duties; supervising day-to-day activities of the staff.
Administration	Secretary	1	100	Responsible for all paperwork activities; filing; information system.
Transportation and Mobility	Transportation Services Coordinator	1	80	Coordinating drivers' training, assessments, making referrals, designing classes, writing curricula, overseeing instruction and ultimately responsible for client needs in this area.
			20	Awareness and advocacy roles with city and county directors; making presentations at City Council meetings, etc.

III. STAFF

Provide information relating to staff for **each** of those service area categories (identified in Section II., SERVICE OUTCOMES, p. 4) for which you have provided descriptive information earlier in this instrument.

Service Area	Job Title(s)	Number of Staff	% Time Service Area	Key Tasks in this Service Area
Transportation and Mobility	Mobility and Orientation Instructor	1	60	Organizing and instructing clients depending upon their mobility and orientation needs. May assign some instruction needs to aide.
			40	Provides instruction in other classes related to transportation such as how to access public transportation.
Transportation/M&O	Transportation Aide	1	50	Assists Mobility and Orientation Instructor in teaching classes and providing individual instructions.
Counseling	Counseling Services Coordinator	1	100	Supervises all counseling services, including that of the Counselor and Peer Services Counselor; informs Assistant Director of client needs in new program planning and development. Provides direct services regarding: counseling, both group and individual, approximately 50% time.
Counseling	Counselor	1	100	Provides group and individual counseling as per needs of clientele. Suggests program modifications as per client need. Maintains clear and consistent documentation as to client progress toward stated goals, etc.

III. STAFF

Provide information relating to staff for **each** of those service area categories (identified in Section II., SERVICE OUTCOMES, p. 4) for which you have provided descriptive information earlier in this instrument.

Service Area	Job Title(s)	Number of Staff	% Time Service Area	Key Tasks in this Service Area
Counseling	Peer Services Counselor	1	50	Assists Counselor in one-on-one conseling; conducts a minimum of one peer group counseling activity per week; provides individual peer counseling as needed.
Living Skills	Living Skills Instructor	1	80	Designs and implements written curricula, teaches classes of daily living skills and communication skills.
			20	Maintains clear and consistent documentation as to client progress toward stated goals, etc. Conducts monthly staffings with client and other appropriate representatives; completes monthly training reports, and final training reports.
Living Skills	Interpreter Coordinator	1	100	Supervises and coordinates six (6) freelance interpreters. Arranges for payment on a subcontractual basis. Coordinates emergency interpreter service with city and county police, jails, hospitals, and fire departments. Assists with TDD message relay system with local hotline. Conducts communication assessments and assists with communication training as per client need.

IV. COSTS

Provide information relating to costs for each of those service area categories (identified in Section II., SERVICE OUTCOMES, p. 4) for which you have provided descriptive information earlier in this instrument.

Service Area	Category of Cost	Dollar Amount
Transportation/ Mobility and Orientation	Personnel	$50,000
	Space	4,323
	Materials	550
	Equipment	125
	Transportation	250
	Other:_____	

Please attach on additional pages similar Category of Cost figures for additional service area categories for which information is being provided.

See Attached

V. UTILITY OF THE SERVICES

a. Why would you feel that the services provided by your organization are exemplary?

The ILR, Inc. attempts to address individual need in the provision of services to the severely disabled community. The ILR, Inc. is responsive to consumer needs by addressing a few areas in-depth. Other services will be added as the organization is able to fulfill those needs in a responsible manner. By becoming a leader in the community, this organization has earned the respect of city and county leaders as well as the community it serves. The goal and quality of service as well as enhancement of quality of life of the individual consumer makes this an exemplary program.

b. In your judgment, could the services be implemented by another center/organization and realize similar results to those which you have demonstrated?

☒ Yes ☐ No ☐ Unsure

What specific program services do you feel would have:

a. more widespread application?

Living Skills and Counseling Services would have more widespread application across disability and geographical lines.

b. more limited applications?

Transportation Services might be limited in rural environments.

COSTS (Continued)

Service Area	Category of Cost	Dollar Amount
Counseling Services	Personnel	$50,454
	Space	4,578
	Materials	785
	Equipment	145
	Transportation	450

Service Area	Category of Cost	Dollar Amount
Living Skills Services	Personnel	$75,000
	Space	5,000
	Materials	750
	Equipment	5,000
	Transportation	450
	Other	$25,000 for freelance interpreters paid by city and county funds, sub-contractual agreements with the Department of Human Services (DHS).

c. Are your services modeled after those provided by another center/organization?

N/A

If so, what is the organization, and where is it located?

N/A

d. Please provide any other information which you think would be helpful in understanding the services provided by your organization.

It is important to stress the involvement of the consumers of this community in all aspects of service provision and administration of this organization. Staff and administration are open to suggestions for organizational improvement and are constantly striving for more and better services. The Independent Living Resources, Inc. embraces the quest for an improved service delivery system by enhancing the quality of life concept that no one individual is more important than another in the search for independence of whatever degree possible.

ALL THE INFORMATION INCLUDED ABOVE IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Executive Director

Signature | Title | Date

RETURN TO: **Regional Rehabilitation Exchange**
Southwest Educational Development Laboratory
211 East Seventh Street
Austin, Texas 78701
(512) 476-6861 Ext. 230 (Voice) Ext. 304 (TDD)

INDEPENDENT LIVING RESOURCES, INC.

ORGANIZATIONAL CHART